



# **WESTERN EAGLE COUNTY**

## **HEALTH SERVICES DISTRICT**

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## **Community Paramedic Fact Sheet**

### Problem Statement:

- Access to healthcare and particularly primary care services is a growing concern. Primary care providers are in short supply, and the uninsured population is on the rise.
- Uninsured patients are less likely to seek out preventive care services, and are more likely to go to the emergency room for non-urgent care, increasing the cost of healthcare.
- In rural areas, the problem is exacerbated because of a higher rate of uninsured, compared to urban settings, and shortage of healthcare providers.

### Opportunity:

- To address the decrease in access to primary care services, it is necessary to evaluate current resources within communities and explore innovative solutions. The Community Paramedic model is a proven solution that provides essential primary care services for vulnerable populations.
- Paramedics have the training, expertise and scope of practice to provide primary care services such as assessments, blood draws, wound care, diagnostic cardiac monitoring, fall prevention, medication reconciliation, and post-operative follow up. They also have the experience of taking health care into the home.
- Internationally, Community Paramedic programs have demonstrated increased health outcomes and cost savings. Many countries are providing Emergency Medical Service (EMS) personnel with additional training to expand into community-based services.
- EMS personnel are already integrated throughout the healthcare system, allowing them to easily provide primary care services within their scope of practice.

### What the Community Paramedic model offers:

- Enhanced utilization of a healthcare resource under the current scope of practice.
- Increased efficiency in terms of managing patients in a primary care setting.
- Coordinated and integrated care with physician's offices, hospitals, home health agencies, long term care facilities, and public health departments.

### The Community Paramedic model will NOT:

- Replace current healthcare systems or positions.
- Change the current defined scope of practice of the EMS Personnel.
- Remove patient populations from healthcare providers.
- Decrease the level of care provided.

# WECAD Community Paramedic Fact Sheet

## Continued

### Health Care Statistics

#### Primary care shortage

- In July 2011, 52 of Colorado's 64 counties (81%) were either fully or partially designated as a Health Professional Shortage Area.<sup>1</sup>

#### Uninsured/Underinsured rates

- In 2010, 14.7% (342,122) of Colorado residents reportedly did not see a doctor in the previous 12 months, due to costs.<sup>2</sup>
- During 2009/2010, 22% of Eagle County residents were reportedly uninsured, compared to Colorado at 15.4%.<sup>3</sup>
- In 2005, 68% of Eagle County's Latino households were reportedly uninsured.<sup>4</sup>

#### Access to care statistics

- Colorado's overall population is projected to grow by 20% between 2010 and 2020, while the population ages 65+ is projected to grow at nearly twice that rate (37%) during the same time period.<sup>5</sup>
- In 2005, 38% of Eagle County households reportedly had trouble accessing health care.<sup>4</sup>
- In 2005, 43% of Eagle County residents reportedly were unable to access dental care.<sup>4</sup>

#### Readmission rates

- 50.2% of patients who were readmitted to the hospital had no follow-up care with primary care physician from time of discharge to time of readmission.<sup>6</sup>
- In 2009, the cost to Medicare of unplanned re-hospitalizations was \$22.9 billion nationally.<sup>7</sup>

#### Cost of healthcare in ER

- ER costs per-visit are generally 3 times higher than comparable care in an outpatient clinic.<sup>6</sup>
- According to Johns Hopkins University, between 1997 and 2007, 13 percent of trauma patients returned to the emergency room within a month of discharge for routine follow-up care such as dressing changes.<sup>8</sup>
- In Colorado in 2008, 80% of ER visits were not true emergencies.<sup>6</sup>

#### Preventive services

- In 2005, 56% of Eagle County households were reportedly affected by chronic health issues.<sup>4</sup>
- In 2009/2010 32% of Eagle County residents were reportedly overweight & 10.5% were obese.<sup>3</sup>
- According to the Centers for Disease Control, vaccination is the number one method of preventing disease, disability, and premature death.

1. Colorado Department of Public Health and Environment, Primary Care Health Professional Shortage Area Map. Website: [www.cdphe.state.co.us/pp/primarycare/shortage/pchpsa.pdf](http://www.cdphe.state.co.us/pp/primarycare/shortage/pchpsa.pdf)

2. Henry J. Kaiser Family Foundation: [www.statehealthfacts.org/profileind.jsp?ind=747&cat=8&rqn=7](http://www.statehealthfacts.org/profileind.jsp?ind=747&cat=8&rqn=7)

3. Colorado Health Information Dataset (CoHID), Behavioral Risk Factor Surveillance System, Colorado Department of Public Health and Environment. Website: <http://www.cdphe.state.co.us/cohid/brfss.html>

4. Healthy Eagle County 2010, A Blue Print for Improving our Community's Health (2005). Website: [http://www.eaglecounty.us/HHS/Reports\\_and\\_Resources/](http://www.eaglecounty.us/HHS/Reports_and_Resources/)

5. Colorado Department of Local Affairs, 2010 Census Data for Colorado by Age. Website: <http://dola.colorado.gov/dlg/demog/2010censusdata.html>; U.S Census Bureau, Population Projections (by age through 2020). Website: [www.census.gov/population/www/projections/projectionsagesex.htm](http://www.census.gov/population/www/projections/projectionsagesex.htm)

6. Cari Fouts, Program Director, Colorado Rural Health Center, Presentation at the Western Eagle County Ambulance District Community Paramedic Town Hall Meeting, July 29, 2009.

7. Jake Swanton, Office of Senator Mark Udall, Presentation at the International Roundtable of Community Paramedics Conference, Vail, CO, August 9, 2010.